

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3							
4							
5							
6							
7							
8		1					
9		1					
10		1					
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48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	2	1					
TOTAL CLAIMS	2	1					

	IND		DEP		
	IND	DEP	IND	DEP	
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					